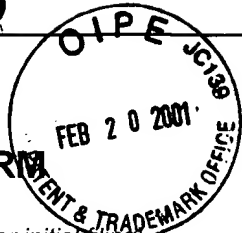


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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

|                        |                    |
|------------------------|--------------------|
| Application Number     | 09/140,886         |
| Filing Date            | August 26, 1998    |
| First Named Inventor   | Herbert M. Vinters |
| Examiner Name          | O. Zaghmout        |
| Group Art Unit         | 1638               |
| Attorney Docket Number | N1205-003          |

Total Number of Pages in This Submission: 18

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input checked="" type="checkbox"/> Affidavits/declaration(s)                | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

REMARKS:

|                      |                                   |                          |                   |                         |  |
|----------------------|-----------------------------------|--------------------------|-------------------|-------------------------|--|
| SUBMITTED BY         |                                   | Complete (if applicable) |                   |                         |  |
| NAME AND REG. NUMBER | Robert J. Jondle, Reg. No. 33,915 |                          |                   |                         |  |
| SIGNATURE            |                                   | DATE                     | February 19, 2001 | DEPOSIT ACCOUNT USER ID |  |